

**EARLY CHILDHOOD EDUCATION PROGRAM**

**Student Observation Verification Form**

*This form should be presented to the appropriate ECE Program contact person at the time of the schedule observation, along with the Letter of Introduction.*

Student's Name \_\_\_\_\_

Course Number and Title \_\_\_\_\_

Title of Observation Assignment \_\_\_\_\_

Date of Observation \_\_\_\_\_

Name of Program \_\_\_\_\_

Address of Program \_\_\_\_\_

Telephone \_\_\_\_\_

Start Time of Observation \_\_\_\_\_

End Time of Observation \_\_\_\_\_

Signature of Program Representative \_\_\_\_\_

Title of Program Representative \_\_\_\_\_

Signature of Oakton/ECE Student \_\_\_\_\_

Total Number of Hours for Observation: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: This form must be submitted with observations as required in specific ECE courses. It will be returned to you with your graded assignment. Keep it for your records, as it is documentation of required observations hours and necessary for transfer of credits to 4-year institutions.**